



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

TO: All Providers (except dentists) and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

FROM: Patrick W. Finnerty, Director  
Department of Medical Assistance Services (DMAS)

MEMO Special  
DATE 12/20/2005

SUBJECT: Virginia Medicaid Healthy Returns<sup>SM</sup> Disease Management Program  
Expands – Effective January 13, 2006

The purpose of this memorandum is to inform you that DMAS is rolling out the expanded Virginia Medicaid Healthy Returns<sup>SM</sup> Disease Management (DM) Program, which is based on the pilot program implemented in 2004, for the Medicaid/FAMIS (Family Access to Medical Insurance Security Plan) fee-for-service population. Healthy Returns<sup>SM</sup> is a DM program designed to help patients better understand and manage **coronary artery disease, congestive heart failure, asthma, and diabetes** through prevention, education, lifestyle changes, and adherence to prescribed plans of care (POCs). The purpose of the program is not to offer medical advice, but rather to support provider staff in reinforcing patients' POCs.

Healthy Returns<sup>SM</sup> is offered to all fee-for-service Medicaid and FAMIS enrollees with the exception of:

- Individuals enrolled in Medicaid/FAMIS managed care organizations (MCOs);
- Individuals enrolled in Medicare (dual eligibles);
- Individuals who live in institutional settings (such as nursing facilities); and
- Individuals who have third party insurance.

Healthy Returns<sup>SM</sup> is unique in that it will include individuals who receive home- and community-based waiver services (those who are not dual eligibles). Medicaid beneficiaries enrolled in Medicaid MCOs will not be eligible for Healthy Returns<sup>SM</sup>. MCO participants already receive similar DM services through their MCOs.

Healthy Returns<sup>SM</sup> provides DM services through three main interventions:

- Care Management: Care Management includes a baseline health status assessment, routine monitoring of health status, patient education on health needs and self-management, and monitoring of patient compliance with self-management protocols. It also provides educational materials and self-management tools to help patients improve their understanding and management of health conditions.
- 24-Hour Call Line: The Call Line will be available to patients seven days a week through a centralized toll-free number. Licensed medical professionals will staff this line, answer basic medical questions, and assist program patients with referrals.
- Evidence-Based Treatment Protocols: The DM program will utilize nationally recognized evidence-based guidelines, the Health Plan Employer Data and Information Set (HEDIS<sup>®</sup> measures), for each condition. The DM program administrator will distribute treatment protocols to patients and providers based on these measures and will use these measures to evaluate the effectiveness of the DM program.

The DMAS administrator for this program is Health Management Corporation (HMC). Providers may be contacted by the HMC nurse consultant regarding a patient's care. As a DMAS contractor, HMC agrees to adhere to all DMAS rules and regulations regarding confidentiality and the Health Insurance Portability and Accountability Act (HIPAA). For more information on HMC, go to [www.choosehmc.com](http://www.choosehmc.com).

Initially, patients must proactively enroll in Healthy Returns<sup>SM</sup> in order to participate; however, the program will soon change and patients with one of the targeted conditions will automatically be enrolled in the program. Program participants will be given the opportunity to leave the program if they do not wish to participate.

Patients eligible for the program will receive an introductory postcard from HMC that describes Healthy Returns<sup>SM</sup>. They will also receive a phone call from an HMC nurse consultant who will introduce them to the program and conduct an initial assessment. If one of the provider's patients participates in the program, the provider will receive a letter describing the program and a **Patient Data Sheet** that identifies the participant and includes information that the patient provided about his/her condition. In addition, the patient should request that the provider complete the **Physician Plan of Care Form**. This form should be completed and returned to HMC so that it may assist the provider in supporting the patient's prescribed plan of care. This form can be faxed to HMC at 1-804-354-4655.

If providers would like to speak with one of the nurse consultants or pharmacists in Healthy Returns<sup>SM</sup>, providers can call 1-866-836-4008 toll-free. For more information on Healthy Returns<sup>SM</sup>, go to [www.vamynurseonline.com](http://www.vamynurseonline.com) (after January 13, 2006) or review the Healthy Returns<sup>SM</sup> Care Management Program Annual Report (September 2005), which can be found under the "Studies and Reports" link on the DMAS home page ([www.dmas.virginia.gov](http://www.dmas.virginia.gov)).

DMAS looks forward to the participation of providers and their patients, who elect to participate in this program.

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the Provider Column to find Medicaid and SLH (State and Local Hospitalization Program) Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

### **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmas.virginia.gov/pr-provider\\_newletter.asp](http://www.dmas.virginia.gov/pr-provider_newletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.